



**City of Houston**  
**Housing and Community Development Department**

**Application**

|   |                   |                      |             |
|---|-------------------|----------------------|-------------|
| Full Legal Name of Entity:  |                   | Amount Requested: \$ |             |
| Address:  |                   |                      |             |
| City:   | State:            | Zip:                 |             |
| Telephone Number:   |                   | Fax Number:          |             |
| Type of Entity:    Sole Proprietor [ <input type="checkbox"/> ]    Partnership [ <input type="checkbox"/> ]    Corporation [ <input type="checkbox"/> ]    Non-Profit Organization [ <input type="checkbox"/> ] |                   |                      |             |
| Please attach Articles of Incorporation and Bylaws, and list of Board of Directors with addresses and telephone numbers.  |                   |                      |             |
| <b>Principal Owners or Board of Directors</b>   |                   |                      |             |
| Full Legal Name   | Telephone Numbers | Complete Address     | % Ownership |
|   |                   |                      |             |
|   |                   |                      |             |
|   |                   |                      |             |
|   |                   |                      |             |
| <b>Project Information</b>  |                   |                      |             |
| Name of Project:  |                   |                      |             |
| Address of Project::  |                   |                      |             |
| Census Tract::  |                   |                      |             |
| Council District:   |                   |                      |             |
| Provide a description of the project: [Please reference 24 CFR 570.208 and use additional sheets, if necessary.]  |                   |                      |             |
| Please attach Scope of Work and Budget, and most recent independent Financial Audit or Financial Statement by CPA.  |                   |                      |             |
| Please list other funding and/or sources for which organization has applied and/or received.  |                   |                      |             |
| Is the project encumbered with debt at the present time? Yes [ <input type="checkbox"/> ]    No [ <input type="checkbox"/> ]    Amount: \$  |                   |                      |             |
| Name of Lender:   |                   | Telephone:           |             |
| Address of Lender:  |                   |                      |             |

| Loan Request Information (Project Cost Minus Other Funds = Loan Request) |    |                              |    |
|--|----|------------------------------|----|
| Project Costs  |    | Funding Sources              |    |
| Land Cost  | \$ | Cash Down Payment            | \$ |
| Construction Cost  | \$ | Other Funds Available        | \$ |
| Project Cost (Purchase)  | \$ | Other Financing (Bank, etc.) | \$ |
| Renovation/Repair Costs  | \$ | Tax Credits Requested        | \$ |
| Total Costs  | \$ | Loan Amount Requested        | \$ |

### Declarations of Principal Owners, Officers & Directors

***[All applicants must complete this section.]***

Please answer the following questions as they may apply to the applicant entity, each officer, each director and each owner of 20% or more of the applicant entity. For each "yes" answer attach a separate signed exhibit providing a detailed explanation.

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Are any involved in any legal claim or lawsuit?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are any federal, state or local taxes delinquent?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are any liable under any contingency agreements?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have any ever been involved in bankruptcy or insolvency proceedings?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do any have any outstanding judgments?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have any ever had property foreclosed upon or given title or deed in lieu of foreclosure?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have any ever been denied any government financing?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have any ever been banned or debarred from doing any business with HUD or the City?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have any ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are any presently under indictment, parole or probation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you ever had a loan or received a grant from the City?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Does organization have prior history with City entitlement funds?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Has organization received Federal, State, County, City or other public funds?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. If yes to 11, 12 or 13 above, identify all projects by name, year, funding amounts and status under separate cover. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Certification and Signatures

The undersigned certifies that all statements in this application and on each document required to be submitted in connection herewith, including federal income tax returns, are true, correct and complete. The undersigned authorizes the City to make such inquiries and gather such information as the City deems necessary and reasonable concerning any information provided to the City on this application or on any such required document, including inquiries to the Internal Revenue Service and any local Credit Bureau Reporting Agencies. The undersigned further agrees to notify the City promptly of any material change in any such information.

By (Authorized Signature)

/Title

/Date

**Incomplete information will delay processing.**

### **AGREEMENT AND CERTIFICATIONS**

- A. No person shall, on grounds of age, color, handicap, marital status, national origin, race, religion or sex, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which APPLICANT receives City financial assistance from the Housing and Community Development Department. APPLICANT further agrees to obtain or require similar assurance of compliance for Nondiscrimination from subrecipients, contractors/subcontractors, successors, transferees and assignees as long as they receive or retain possession of any City, financial assistance from the Housing and Community Development Department. In the event APPLICANT fails to comply with this requirement, the Housing and Community Development Department may call, cancel, terminate, accelerate repayment or suspend any or all financial assistance.
- B. No fees have been paid, directly or indirectly, to any representative of this department for services provided or to be provided in connection with applying for this loan/grant.
- C. APPLICANT understands that it is not necessary to pay anyone other than those fees required by this department.
- D. APPLICANT agrees to pay the City an application fee of FIVE HUNDRED (\$500) for processing of this loan/grant request. APPLICANT understands that this fee is a non-refundable fee.
- E. All information in this APPLICATION and the EXHIBITS is TRUE and COMPLETE to the best of my knowledge. The statements are made for the purpose of obtaining a loan/grant. APPLICANT understands that FALSE statements may result in forfeiture of benefits and possible prosecution by the City Attorney.

NAME OF APPLICANT: \_\_\_\_\_  
(Please Print Clearly)

Signature of Proprietor, General Partner or Authorized Officer:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Attest Date: \_\_\_\_\_

FOR USE BY THE CITY OF HOUSTON  
(HCDD) ONLY

APPLICATION NO: \_\_\_\_\_

(Corporation Secretary)

## INDEMNITY AGREEMENT

City of Houston  
Housing & Community Development Department  
601 Sawyer  
Houston, Texas 77007

\_\_\_\_\_ (the "Applicant") has filed or is concurrently filing with the City of Houston Housing and Community Development Department (HCDD) an application for a loan/grant for Homebuyers Assistance and/or Multi-Family Housing (Rental) Program. For the purpose of inducing HCDD to accept, review, underwrite and act upon such application and to fund the obligation therein contemplated, the Applicant hereby agrees to indemnify and hold harmless HCDD and representatives against all costs, losses, damages, expenses, and liabilities of any kind arising from or in connection with HCDD acceptance, review, underwriting, approval or disapproval of such application for financing, or the issuance, or delivery of the obligations, or the design, acquisition, construction, rehabilitation, installation, operation, use, occupancy, maintenance or operation of the residential development described in such Application for financing. It is expressly agreed that the provisions of this Indemnity Agreement shall survive any approval or disapproval of such application for financing and the issuance or failure to issue any such obligations.

This Indemnity Agreement shall be effective upon its execution by the Applicant this day of \_\_\_\_\_, 20\_\_, and its acceptance by HCDD as indicated by its execution below.

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**ACKNOWLEDGED, WITNESSED AND AGREED TO** on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

By:

Name:

Title:

FOR USE BY THE CITY OF HOUSTON  
(HCDD) ONLY  
APPLICATION NO: \_\_\_\_\_

**Affidavit of ownership and control**

Orig. Dept.: \_\_\_\_\_ File/I.D. No.: \_\_\_\_\_

INSTRUCTION: ENTITIES USING AN ASSUMED NAME SHOULD DISCLOSE SUCH FACT TO AVOID REJECTION OF THE AFFIDAVIT. THE FOLLOWING FORMAT IS RECOMMENDED: CORPORATION/LEGAL NAME DBA ASSUMED NAME.

|                         |   |  |
|-------------------------|---|--|
| <b>STATE OF TEXAS</b>   | § |  |
|                         | § |  |
| <b>COUNTY OF HARRIS</b> | § | <b>AFFIDAVIT OF OWNERSHIP OR CONTROL</b> |

**BEFORE ME**, the undersigned authority, on this day personally appeared \_\_\_\_\_  
\_\_\_\_\_  
[FULL NAME] (hereafter  
"Affiant"), \_\_\_\_\_  
[STATE TITLE/CAPACITY WITH  
CONTRACTING ENTITY] of \_\_\_\_\_  
[CONTRACTING ENTITY'S CORPORATION/LEGAL NAME] ("Contracting Entity"), who  
being by me duly sworn on oath stated as follows:

1. Affiant is authorized to give this affidavit and has personal knowledge of the facts and matters herein stated.
2. Contracting Entity seeks to do business with the City in connection with \_\_\_\_\_  
\_\_\_\_\_  
[DESCRIBE PROJECT OR MATTER] which is expected to be in an amount that exceeds \$25,000.
3. The following information is submitted in connection with the proposal, submission or bid of Contracting Entity in connection with the above described project or matter.
4. Contracting Entity is organized as a business entity as noted below (check one as applicable)

**FOR PROFIT ENTITY:**

- [ ] **SOLE PROPRIETORSHIP**  
[ ] **A CORPORATION**  
[ ] **PARTNERSHIP**  
[ ] **LIMITED PARTNERSHIP**  
[ ] **A JOINT VENTURE**  
[ ] **LIMITED LIABILITY COMPANY**  
[ ] **OTHER** (Specify type in space below)

**NON-PROFIT ENTITY:**

- [ ] **NON-PROFIT CORPORATION**  
[ ] **UNINCORPORATED ASSOCIATION**

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5. The information shown below is true and correct to the Contracting Entity and all owners of 5% or more of the Contracting Entity and, where the Contracting Entity is a non-profit entity, the required information has been shown for each officer. *[NOTE: IN ALL CASES, USE FULL NAMES, LOCAL BUSINESSES AND RESIDENCE ADDRESSES AND TELEPHONE NUMBERS. DO NOT USE POST OFFICE BOXES FOR ANY ADDRESS. INCLUSION OF E-MAIL ADDRESSES IS OPTIONAL, BUT RECOMMENDED. ATTACH ADDITIONAL SHEETS AS NEEDED.]*

**Contracting Entity**

Name: \_\_\_\_\_

Business Address *[NO. STREET]* \_\_\_\_\_

*[CITY/STATE/ZIP CODE]* \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Email Address *[OPTIONAL]* \_\_\_\_\_

Residence Address *[NO./STREET]* \_\_\_\_\_

*[CITY/STATE/ZIP CODE]* \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Email Address *[OPTIONAL]* \_\_\_\_\_

**5% Owner(s) (IF NONE, STATE "NONE")**

Name: \_\_\_\_\_

Business Address *[NO. STREET]* \_\_\_\_\_

*[CITY/STATE/ZIP CODE]* \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Email Address *[OPTIONAL]* \_\_\_\_\_

Residence Address *[NO./STREET]* \_\_\_\_\_

*[CITY/STATE/ZIP CODE]* \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Email Address *[OPTIONAL]* \_\_\_\_\_

## 6. Optional Information

Contracting Entity and/or \_\_\_\_\_  
[NAME OF OWNER OR NON-PROFIT OFFICER] is actively protesting, challenging or  
appealing the accuracy and/or amount of taxes levied against \_\_\_\_\_

**[CONTRACTING ENTITY, OWNER OR NON-PROFIT OFFICER]** as follows:

Name of Debtor: \_\_\_\_\_  
Tax Account Nos. \_\_\_\_\_  
Case or File Nos. \_\_\_\_\_  
Attorney/Agent Name \_\_\_\_\_  
Attorney/Agent Phone No. ( ) \_\_\_\_\_  
Tax Years \_\_\_\_\_  
Status of Appeal [DESCRIBE] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Affiant certifies that he or she is duly authorized to submit the above information on behalf of the Contracting Entity, that Affiant is associated with the Contracting Entity in the capacity noted above and has personal knowledge of the accuracy of the information provided herein and that the information provided herein is true and correct to the best of Affiant's knowledge and belief.

\_\_\_\_\_  
Affiant

**SWORN TO AND SUBSCRIBED** before me this \_\_\_\_ day of \_\_\_\_\_ 200\_\_.

(Seal)

\_\_\_\_\_  
Notary Public, State of Texas

### **NOTE:**

This affidavit constitutes a **government record** as defined by Section 37.01 of the Texas Penal Code. Submission of a false government record is punishable as provided in Section 37.10 of the Texas Penal Code. Attach additional pages if needed to supply the required names and addresses.

CONTRACTOR SUBMISSION LIST  
CITY OF HOUSTON FAIR CAMPAIGN ORDINANCE

The City of Houston Fair Campaign Ordinance makes it unlawful for a Contractor to offer any contribution to a candidate-for City elective office (including elected officers-elect) during a certain period of time prior to and following the award of the Contract by the City Council. The term "Contractor" includes proprietors of proprietorships, partners or joint venturers having an equity interest of 10 percent or more for the partnership or joint venture, and officers, directors and holders of 10 percent or more of the outstanding shares of corporations. A statement disclosing the name and business address of each of those persons will be required to be submitted with each bid or proposal for a City Contract. See Chapter 18 of the Code of Ordinances, Houston, Texas, for further information.

This list is submitted under the provisions of Section 18-36(b) of the Code of Ordinances, Houston, Texas, in connection with the attached proposal, submission or bid of:

Firm or Company Name: \_\_\_\_\_

Firm or Company Address: \_\_\_\_\_

The firm/company is organized as a (Check one as applicable) and attach additional pages if needed to supply the required names and addresses:

[ ] **SOLE PROPRIETORSHIP**

|            |         |
|------------|---------|
| Name _____ | _____   |
| Proprietor | Address |

[ ] **A PARTNERSHIP**

List each partner having equity interest of 10% or more of partnership (if none state "none")

|            |         |
|------------|---------|
| Name _____ | _____   |
| Partner    | Address |

|            |         |
|------------|---------|
| Name _____ | _____   |
| Partner    | Address |

[ ] **A CORPORATION**

**LIST ALL DIRECTORS OF THE CORPORATION (IF NONE STATE "NONE")**

|            |         |
|------------|---------|
| Name _____ | _____   |
| Director   | Address |

|            |         |
|------------|---------|
| Name _____ | _____   |
| Director   | Address |

|            |         |
|------------|---------|
| Name _____ | _____   |
| Director   | Address |



[CORPORATION CONTINUED]

**LIST ALL OFFICERS OF THE CORPORATION (IF NONE STATE NONE")**

|            |         |
|------------|---------|
| Name _____ | _____   |
| Officer    | Address |

|            |         |
|------------|---------|
| Name _____ | _____   |
| Officer    | Address |

|            |         |
|------------|---------|
| Name _____ | _____   |
| Officer    | Address |

**LIST ALL INDIVIDUALS OWNING 10% OR MORE OF OUTSTANDING SHARES OF STOCK OF THE CORPORATION (IF NONE STATE "NONE")**

|            |         |
|------------|---------|
| Name _____ | _____   |
|            | Address |

|            |         |
|------------|---------|
| Name _____ | _____   |
|            | Address |

|            |         |
|------------|---------|
| Name _____ | _____   |
|            | Address |

I certify that I am duly authorized to submit this list on behalf of the firm, that I am associated with the firm in the capacity noted below and that I have personal knowledge of the accuracy of the information provided herein.

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Note: This list constitutes a **government record** as defined by § 37.01 of the Texas Penal Code.